



**APPLICATION FOR FLORIDA  
CERTIFICATION OF  
MOBILE/MANUFACTURED HOME  
INSTALLATION COMPONENT  
OR PRODUCT**



(Please Type or Print)

Date: \_\_\_\_\_

Product Manufacturer's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number (Work): \_\_\_\_\_ Cell: \_\_\_\_\_

Project Engineer's Name: \_\_\_\_\_ Phone # : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Product: \_\_\_\_\_

General Description of its Use:

---

---

---

---

---

---

---

---

---

---

(Use additional sheets if necessary)

Name and address of facility where component or product is to be tested:

\_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number of Facility:

Work \_\_\_\_\_ Cell \_\_\_\_\_

Please attach a copy of Florida Registration of the Project Engineer:

\_\_\_\_\_  
Authorized Agent Signature

**Send This Application To:**

Mobile/Manufactured Home Installer Program Office  
4101 Clarcona-Ocoee Road, Suite 160  
Orlando, Florida 32810  
Telephone: (407) 445-7407

**DHSMV USE ONLY**

Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Date \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Program Manager Signature